

STANDARD CERTIFICATE OF DEATH

36978

STATE FILE NUMBER

FILED OCT 31 1957

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

247

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>902 Fisk Avenue</u>				Length of stay in lb <u>48 years</u>		d. STREET ADDRESS <u>902 Fisk Avenue</u>	
3. NAME OF DECEASED (Type or print) First <u>Sidney</u> Middle <u>Ann</u> Last <u>Kirby</u>				4. DATE OF DEATH <u>October 20</u> <u>1957</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>September 24, 1870</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and state or country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>David Embree</u>				13b. MOTHER'S MAIDEN NAME <u>Mildred Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Kirby</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Pearlle K. Young: Detroit, Michigan</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.						DUE TO (b) <u>4201</u>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>				
20c. TIME OF INJURY Hour a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>Moberly</u>		COUNTY <u>Randolph</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Oct 15</u> to <u>Oct 20</u> and last saw her alive on <u>Oct 19, 1957</u> Death occurred at <u>Her Home</u> <u>7:30</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. Smith</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>312 1/2 W Reed Moberly, Mo.</u>		22c. DATE SIGNED <u>10-24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10-23-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
24. FUNERAL DIRECTOR <u>Tom B Patton</u>				ADDRESS <u>Hunkerville</u>		25. DATE RECD. BY LOCAL REG. <u>10/23/57</u>	
26. REGISTRAR'S SIGNATURE <u>Beaulieu</u>							

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

269

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.